

APPLICATION FOR APPROVAL TO ENGAGE IN NON-FEDERAL EMPLOYMENT OR ACTIVITY

SECTION I – GENERAL INFORMATION
(To be completed by the employee)

A. Agency Employment

1. Name		4. Employer's Name and Address
2. Position Title and Grade	3. Salary	

B. Prospective Outside Employment or Activity

1. Name and Address of Prospective Employer or Activity	2. Description of Work	
	3. Dates of Employment -	4. Employment Location
5. Pay, Reimbursement or Terms Offered (fee, per diem, honorarium, royalties, stock options, travel and expenses, etc. If employment or activity is non-compensated, indicate that as well.)		

6. Can the outside work or activity be performed entirely outside of your normal working hours? a. If not, please provide the estimated hours of annual leave that will be required. b. If not, please provide the estimated hours of administrative leave that will be required.	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Do you have any contact with the prospective employer or activity in your official capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		9. Will this activity interfere with your official duties? (If yes, describe any of your official duties that relate in any way to the proposed employment in Block 12 below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. For employment involving consultative or professional services, is the client, employer or other person on whose behalf services are performed receiving or intending to seek a USDA grant, contract, cooperative agreement or other funding relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Will this activity involve the use of unpublished research or information not publicly available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		11. Is compensation derived from a USDA grant, contract, cooperative agreement or other source of USDA funding? (If yes, please explain in Block 12 below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Additional Comments (Use this space to provide any additional explanations, details or other pertinent information. Additional sheets may be attached.)

C. Certification

I certify that the information provided above is complete and correct to the best of my knowledge. I further certify that I am familiar with the provisions of the Standards of Ethical Conduct [5 CFR §§ 2635.807(b)], that prohibits use of official title or position to identify self in connection with teaching, speaking, or writing.	Signature	Date
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SECTION II – REVIEW AND APPROVAL (To be completed by reviewing officials)

A. Comments (The immediate supervisor should indicate reasons for recommending disapproval or reasons for recommending approval when deemed necessary. Additional sheets may be attached.)

B. Final Action

<input type="checkbox"/> Recommended	Signature (Immediate Supervisor)	Title	Date
<input type="checkbox"/> Not Recommended			
<input type="checkbox"/> Approved	Signature (Ethics Advisor or other Approving Official)	Title	Date
<input type="checkbox"/> Denied			